



PLEASE ALLOW A MINIMUM OF SEVEN BUSINESS DAYS FOR PROCESSING.

BEFORE YOU DIG, CALL DIGGERS HOTLINE: 811

City of Nebraska City

1409 Central Avenue
Nebraska City, NE 68410-2223 FAX (402) 873-5685

Phone: (402) 873-6509 Building

HOME OF ARBOR DAY
Inspector

DEMOLITION PERMIT APPLICATION

Date: _____ Permit No: _____

Location of Demolition: _____

Legal Description: _____

Company: _____ Property Owner: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Zoning District: _____ Size of Building L _____ W _____ H _____ Square Ft: _____

Building Use: _____ Basement: yes _____ no _____

Insurance Policy Number (\$1,000,000 minimum) _____

Additional Information: _____

I hereby affirm the correctness of the above data and further, that I will abide and certify that my subcontractors will abide by the applicable building code of the city.

Demolition must be completed within 60 days of issuance to make permit valid.

Printed Name of Applicant

Signature of Applicant

*****Required before Demolition begins*****

Date Utilities (Water, Sanitary Sewer, Natural Gas, Electrical) Disconnected: _____

NC Utilities Representative

Building Inspector

City Clerk

Residential Building	\$50.00
Residential Accessory Building	\$25.00
Business/Commercial Building	\$100.00
(Fees double if demolition started prior to obtaining a permit)	

Permit Fee: _____

PLEASE MAKE CHECKS PAYABLE TO: CITY OF NEBRASKA CITY

Comments:

(402) 873-6509 **Please notify our office 24 Hours in advance for inspections checked – Thank you** (402) 873-6509

- CHECKLIST FOR INSPECTIONS:**
- ___ Application, Proof of Insurance, and Payment
 - ___ Utilities Disconnected and Signature
 - ___ **Asbestos Inspection** (Commercial Buildings)
 - ___ Final Inspection